

Write and certify data and number of each.

With stated  
in order of birth

PLACE OF BIRTH

1. County of Gila  
District of \_\_\_\_\_  
Town of Miami  
or \_\_\_\_\_  
City of \_\_\_\_\_

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 139  
County Registrar No. 379  
Local Registrar No. \_\_\_\_\_

No. Miami Inspiration Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Virginia Eleanor Scott If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. Legitimate? Yes 6. Date of birth June 1st 1930 Month Day Year

8. FATHER  
Full name Walter Clifford Scott

14. MOTHER  
Full maiden name Eleanor Greenwood

9. Residence (Usual place of abode) Miami Arizona  
If nonresident, give place and state

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If nonresident, give place and state

10. Color or race White 11. Age at last birthday 40 (Years)

16. Color or race White 17. Age at last birthday 35 (Years)

12. Birthplace (city or place) Helix, Michigan  
(State or country)

18. Birthplace (city or place) Great Falls, Montana  
(State or country)

13. Occupation Mining Engineer  
Nature of industry (Metalurgist)

19. Occupation Housewife  
Nature of industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 10:50 p.m. on the date above stated.  
(Born alive or stillborn.)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  
Signature John D. Pacan M.D.  
Address Miami, Arizona  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year. \_\_\_\_\_  
Registrar. \_\_\_\_\_  
Filed June 12 1930 Local Registrar. \_\_\_\_\_  
County Registrar. \_\_\_\_\_

523-601-574